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							24628 759
WELSH & KATZ, LTD 120 S RIVERSIDE PLAZA 22ND FLOOR				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
CHICAGO, IL 606	06					(Depositor's name)	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.	
10/827,161 04/19/2004		Hiroshi Akino			91925	2722	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/31/2007	
EXAMINE	R	ART UNIT	CLASS-SUBCLASS				
SWERDLOW, DANIEL		2615	381-174000				
1. Change of correspondence CFR 1.363).		•	2. For printing on the part (1) the names of up to		meys 1Welsh &	Katz, Ltd.	
Change of corresponde Address form PTO/SB/12	ence address (or Char 2) attached.	nge of Correspondence	or agents OR, alternative (2) the name of a single	* :	iber a 2		
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.				
3. ASSIGNEE NAME AND				•			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified 37 CFR 3.11. Comp	fied below, no assignee letion of this form is NO	data will appear on the pa T a substitute for filing an a	tent. If an assignee is assignment.	identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNE	EE	•	(B) RESIDENCE: (CITY	and STATE OR COUN	TRY)		
Kabushiki	Kaisha Aud	io-Technica	Tokvo, Ja	ıpan			
Please check the appropriate	assignee category or	categories (will not be pr			tion or other private gro	oup entity Government	
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee Publication Fee (No sn	mall antitu disaaynt n	amaistad)	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of	•	,		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 230920 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated	above)	overpayment, to Depos	in Account Number 2.	10920 (enclose a	n extra copy of this form).	
a. Applicant claims SM	MALL ENTITY status	s. See 37 CFR 1.27.	☐ b. Applicant is no long			\C,\\\\\	
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Authorized Signature	Oque	at Stul	los	Date	ober 1, 2007		
Typed or printed name	Gerald T.	Shekleton		Registration No.	27466		
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